

DECLARATION FOR PATENT APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled *3,3'-Diindolylmethane Antiandrogenic Compositions* described in the specification filed herewith.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Patent Office all information known to me to be material to patentability as defined in 37 C.F.R. 1.56.

Please direct all telephone calls to Richard Osman (650) 343-4341 and address all correspondence to: Science & Technology Law Group, 75 Denisc Drive, Hillsborough, CA 94010

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

First joint inventor:

Leonard F. Bjeldanes

Inventor's signature:

Date:

September 12, 2003

Residence (city & state):

Berkeley, CA

Citizenship:

USA

Mailing Address:

Department of Nutritional Sciences and Toxicology, UC Berkeley,

Berkeley, CA 94720-3104

Second joint inventor:

Hien T. Le

Inventor's signature:

Date:

September 12, 2003

Residence (city & state):

Berkeley, CA

Citizenship:

USA

Mailing Address:

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Third joint inventor:

Gary L. Firestone

Inventor's signature:

Date:

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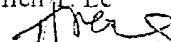
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Second joint inventor: Hien T. Le
Inventor's signature: 
Date: September 12, 2003
Residence (city & state): Berkeley, CA
Citizenship: USA
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Inventor's signature: _____
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